

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743199

Entity Name: RIVERS EDGE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**373 AMBERJACK PLACE
MELBOURNE BEACH, FL 32951**Current Mailing Address:**P O BOX 510462
MELBOURNE BEACH, FL 32951**FEI Number:** 59-2381003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERS EDGE HOMEOWNERS ASSOCIATION
290 POMPANO DR
MELBOURNE BEACH, FL 32951 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CHARLES D. WESTERFIELD

04/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WESTERFIELD, CHARLES
Address 283 MARLIN PLACE
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name MILLS, THOMAS
Address 290 POMPANO DR
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name HIRTER, SARA
Address 353 AMBERJACK PLACE
City-State-Zip: MELBOURNE BEACH FL 32951

Title PRESIDENT
Name FAY, ROBERT
Address 373 AMBERJACK PLACE
City-State-Zip: MELBOURNE BEACH FL 32951

Title VP
Name DOTY, JAMES
Address 303 POMPANO DRIVE
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER
Name WINKLER, SUSAN
Address 363 MARLIN PLACE
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name WITT, CINDY
Address 320 AMBERJACK PLACE
City-State-Zip: MELBOURNE BEACH FL 32951

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN WINKLER

TREASURER

04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date